

**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 144  
Registered No. 5478

**1. PLACE OF BIRTH**

County Gila State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Miami No. 17 Porto Rico Canyon Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Juan Campos { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other. \_\_\_\_\_ 6. Legitimate? yes 7. Date of birth Dec. 27 - 1927  
Month Day Year

8. FATHER  
Full name Zacarias Campos  
9. Residence (Usual place of abode) Miami  
If non-resident, give place and state. Arizona  
10. Color or race Mex.  
11. Age at last birthday 37 (Years)  
12. Birthplace (city or place) Jalisco  
(State or country) Mex.  
13. Occupation Smelter man  
Nature of industry Int. Smelter

14. MOTHER  
Full maiden name Picha Perez  
15. Residence (Usual place of abode) Miami  
If non-resident, give place and state. Arizona  
16. Color or race Mex.  
17. Age at last birthday 28 (Years)  
18. Birthplace (city or place) Jalisco  
(State or country) Mex.  
19. Occupation Housewife  
Nature of industry \_\_\_\_\_

20. Number of children of this mother \_\_\_\_\_ (a) Born alive and now living 4  
(Taken as of time of birth of child herein certified and including this child.) (b) Born alive but now dead 1  
(c) Stillborn \_\_\_\_\_ 21. Were precautions taken against ophthalmia neonatorum? yes

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of this child, who was born alive at 9 P. m. on the date above stated  
(Born alive or stillborn.)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.  
Signature Byril M. Brown M.D. Physician  
(Physician or midwife).

Given name added from a supplemental report \_\_\_\_\_ Address Miami, Arizona  
Month, day, year \_\_\_\_\_ Filed Jan 8, 1928 R. E. Jones  
Registrar Registrar

132-1227-779